	tre Services.	1 11	A 119057 641		
Date In: 4/5/19 - 13:30	Jcb description		Date & Time Completed	Don	e by
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Vch No: smr 93750	E-mail (with	in Shrs, AIC 2hrs)			
D.O.A: 3/1/14-8:30	i-Motor Cla	aim Form	M7/1042979-001	4/3/19 15	:47
OD (TP) Reporting Only	i-Motor W/	O (Within: OD 2hrs		1	
CD / (F) Reporting Only	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Veh	CESSCH	, INC(	)/Non-INC( )		
Owner / Driver: (		197	Tel:	)	201000000000000000000000000000000000000
	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	[Note-Est. Status (	(WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,00	0()			
General Remarks:	A POST	2000 TO		See S	-
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( ) Total Loss Case : to e-mail Insu	TOTAL LIDOF SHOOT V	orinderida & Sur	cuy NO Isler of lepailer.		
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) /	NO ( ); To	wing Co: (		)
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Figure 4 Care

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties,
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

one country	
	ACCIDENT STATEMENT
Date Of Report	04/05/2019 15:32
Date Of Accident	03/05/2019 18:30
Exact Location Of Accident	PASIR RIS DR 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME9075U
Insured/Policyholder	
Name Of Registered Owner	POON GUOK GUONG ANDREW
NRIC No	S1320699F

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92712836

Alternative Phone No OFFICE-92712836

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model GOLF A7 1.2 TSI AT 5G12DZ

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5106493097

Cover Note Number

Driver

Name of Driver POON YANG PENG, JOYCE (PAN ENPING)

 NRIC No
 S9123868C

 Date Of Birth
 10/07/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 11/08/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92712836

Fax Number

Contact Number OFFICE-92712836

EMail Address NOEMAIL

Address BLK 211 PASIR RIS STREET 21

#12-244

Postcode 510211

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

. \_ \_

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190504/7000.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKW2587J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

**DETAILS OF INJURED PERSON 1** 

Name

POON YANG PENG, JOYCE (PAN ENPING)

Approximate Age

Injuries Sustain Injured person in which vehicle? BODY

SME9075U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

COMMIT SANGERPLANTONE VA

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

:

Name:

NRIC/FIN No.:

Date & Time:

Owner dietricitani rem\_Vs

### ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 05 / 3019 (DD/MM/YYY), TIME: 18 : 30 HHH:MM
LOCATION: POSIV RIS Drive 3
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SME 9075 U  DINSURANCE COMPANY: NTUC
C)POLICY NUMBER: 5106493097  C)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
6)MAKE & MODEL: VOIES WOLD TOTE  1)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/190) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POUCY HOLDER  A) NAME: POON GUOK GUONG, ANDYEW (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: S1320699 CONTACT:
CIADDRESS: 311 PACIY RIC ST 21 #12-244 2(210211)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  THO OF PRESSUR 92 DRIVER  AND PENG, JOYLE (MALE / FEMALE)
(1) Claddress: 311 Pagy RIC ST 21 #12-244 S(510211)
e)OCCUPATION: (INDOOR)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
B. THIRD PARTY VEHICLE NO of passenger o) VEHICLE NUMBER: SEW 2587 J. MODEL:
Induding driver) b) DRIVER'S NAME:
No of passenger a) VEHICLE NUMBER:MODEL:
Including driver) 1) NRIC/FIN/PASSPORT:CONTACT:

email =

far =





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190504/7000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 04/05/201	e Report M 19 00:52	Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
	Informant: ANG PEN	G, JOYCE	Address: APT BLK 211 PASIR R 510211	IS STREET 21 #12-244 SINGAPORE	
ID Type / ID No.: NRIC NO / S9123868C		Contact No.: Home/Office: Mobile: 92712836			
Nationality: SINGAPORE CITIZEN		Email: pypjoyce@gmail.com			
Sex: Female	Age: 27	Date of Birth: 10/07/1991	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation Supply and distribution manager	nd	s/Warehousing	Driving Licence Informa Class: 3A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/05/2019 18:30	Type of Location Straight Road
Location: PASIR RIS D	RIVE 3			is .
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wor		raffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear	A	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW2587J	Car	MERCEDES BENZ		Silver		2
SME9075U	Car	VOLKSWAGO N	Golf TSI	Red	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190504/7000

#### CONTINUATION OF REPORT

Driver	The second second		THE RESERVE OF		10	A PARTY OF THE REAL PROPERTY OF THE PARTY OF
Name	YEO KAY TEE			ID No	C)	S1647881D
Related Vehicle	SKW2587J (Car)			Conta	ct No.	84012324
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		
Driver		CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-CO-C	CHICAGO CONTRACTOR	STATE OF		MALINE STATE
Name	POON YANG PENG	3, JOYCE		ID No	ST.	S9123868C
Related Vehicle	SME9075U (Car)			Contact No.		92712836
Hospital/Clinic	RAFFLES HOSPITAL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	03/05/2019	17.	Date Disc	harge	03/05	5/2019
No. of Days gran	ted Medical Leave	05	Degree of			

#### Brief Details.

I was travelling straight along Pasir Ris drive 3 when a car collided into the rear portion of my vehicle. We exchanged contacts and left the scene subsequently. I went to seek medical attention at raffles medical and was awarded five days of medical leave. I have a video footage to substantiate my statement.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190504/7000

#### CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2019 00:52
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9123868C





Name

POON YANG PENG, JOYCE (PAN ENPING)







Race

CHINESE

Date of birth

Sex

\_\_\_\_

10-07-1991

Country of birth SINGAPORE



REPUBLIC OF SINGAPORE

**DRIVING LICENCE** 



ANG PENG JOYCE

on Date: 10 Jul 1991

Man Date: 11 Aug 201



Scanned with CamScanner

4696898





NRIC No. S9123868C

Date of issue 04-03-2011

Address

APT BLK 211 PASIR RIS STREET 21 #12-244 SINGAPORE 510211

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

**EFFECTIVE DATE** 

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

11 Aug 2017

NP 428A



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#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate	Number: 5106493097
-------------	--------------------

Index mark and Registration Number of Vehicle

: SME9075U

Chassis Number

: WVWZZZAUZEW381160

Cover : drivo CLASSIC

2. Name of Policyholder

: POON GUOK GUONG ANDREW

3. Effective Date of Insurance

: 29 Dec 2018

4. Expiry Date of Insurance

: 28 Dec 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS (SECTION 1)** : \$\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : \$\$100 **ADDITIONAL EXCESS** : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : POON GUOK GUONG ANDREW

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: PRIME CARS CREDIT PTE. LTD. (00000572729)

Date of Issue

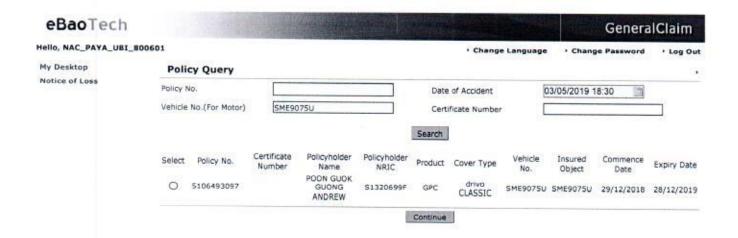
: 27 Dec 2018 10:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



Policy No.	5106493097	Policyholder Name	POON GUO	K GUONG ANDREW	Policyholder NRIC	S1320699F	
Certificate No.		. rome			INC.		
Address	BLK 211 #12-244 PASIR RIS 5	TREET 21 SING	APORE 5102	211			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/12/2018	Effective Date	29/12/2018	3 00:00	Expiry Date	28/12/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	7/Inexperience Driver Excess
Agent	PRIME CARS CREDIT PTE, LTD	. Agent Tel.	67798500		GST Flag	Υ	
Co-	**-						
insurance Flag	NO						
Flag Open Policy	No						
Flag Open Policy Info Certificate	No						
Flag Open Policy Info Certificate Info	holder Mailing Address						
Flag Open Policy Info Certificate Info Policyl		Addre	ss 2	PASIR RIS STREET	21	Address 3	SINGAPORE 510211
Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ss 2 ss Type	PASIR RIS STREET Singapore address		Address 3 Post Code	SINGAPORE 510211 510211
Flag Open Policy Info Certificate Info	holder Mailing Address	Addre	ss Type ed Policy			200000000000000000000000000000000000000	P-00Passages/
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address	Addre	ss Type ed Policy	Singapore address		200000000000000000000000000000000000000	F-CONTROL OF THE PARTY OF THE P
Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	holder Mailing Address BLK 211 #12-244 ed Object: SME9075U	Addre	ss Type ed Policy	Singapore address		200000000000000000000000000000000000000	P-00Passages/

Attachment  Accident No. Last Doc, Received	MT/2042979 <b>®</b> Yes ○ No	Cleim No. Upload Date	001 04/05/2019 15:46		
Attachment	MT/1042979	Claim No.	001		
Attachment					
Attachment					
DO Print Ax letter			Save Submit		
		92			
Report Taken By	Dackson	Claim Close Date		Date Received	04/05/2019 00:00
Require Finalisation  Date Registered	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
No.	Trans.	Insured Liebility *	Not at Fault		
Preferred Workshop Contact	SME9075U / SKW2587J ON 3 May 2019	12 TO 10 10 TO 10		Name of Preferred Workshop	
Claimant Address Claim Description	SMERONILL EVENERAL OUT THE TOTAL			1	VI
Claimant Name *	22	Claimant NR3C *		23	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Email Address		OI Vehicle Number	SME9075U	TP Vehicle Number	SKW2S87)
Contact No.(Mobile)		Contact No.(Home)	65827511	Contact No.(Office)	62827263
Claim Type •	00-MX Y	Insured Name	POON GUOK GUONG ANDREW	Insured NRJC	S1320699F
Claim 001 New					
Modification History					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® yes ⊜ No		
Declaration					
Registered car?	Wall Control of	MINTER MEDICINE NO.		Driver Insurer Company	
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Between Landson	
Unit No.	12-244	минителя Туря	Singapore address	Post Code	510211
Address 4		Address Type	PASIR RIS STREET 21	Address 3	SINGAPORE 510211
Address 1	92712836 BUK 211	Contact No.(Office) Address 2	0	Contact No. (Home)	0
Register Date of Driver License Contact No. (Mobile)	92712836	Driver Age	27	Driving Experience	1
Unnamed driver Name	POON YANG PENG, JOYCE (PAN	Driver NRIC	59123868C	Driver DOS	10/07/1991
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info		100000000000000000000000000000000000000			
Unit No.		Related Policy Number	5106493097	Post Code	510211
Address 4		Address Type	PASIR RIS STREET 21 Singapore address		SINGAPORE \$10211
Address 1	RLK 211 #12-244	Address 2	PASIR RIS STREET 21	Address 3	Charletones danner
Policyholder Hailing A	Idress				
Modification History					
GST Registration No.			GST Status Verified	Yes	
GST Registered	No .		GST Registration Date		
♥ GST Registered Inform	ation				
			77.7		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	500.00	Windscreen Excess	100.00
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	P20000
₩ Excess	PASIR RIS OR 3				
Reporting Centre  Accident Location	0.000 0.00 0.00	Ovange Force		ICM No.	
Date of Accident	03/05/2019	Time of Accident tin: mm	16:30	Country of Accident	Singapore
Report Date	04/05/2019 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details					
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
KFK	No ○ Yes	TCA	® No ○Yes	eCode Reason	
Email Address		Special Remark		eCode	N. V
Contact No.(Mobile)	92712836	Contact No.(Office)	0	Contact No. (Home)	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
- V	POON GUOK GUONG ANDREW			Policyholder NR3C	\$1320699F
Policyholder Name			Commence of the Commence of th	- An improvement has	
			SME9079U	GST Registration No.	

